



**State Of Tennessee
Department Of Health
Board For Licensing Health Care Facilities
227 French Landing, Suite 501
Heritage Place Metrocenter
Nashville, Tennessee 37243
(615) 741-7221**

**HOME FOR THE AGED/ASSISTED CARE LIVING FACILITY ADMINISTRATOR
APPLICATION INSTRUCTIONS**

1. Complete the administrator application. Be sure that it has been signed and notarized.
2. Send the application with a check or money order made payable to the **TENNESSEE DEPARTMENT OF HEALTH** for the appropriate certification fee indicated on the front of the application and proof of education to:

Health Care Facilities
227 French Landing, Suite 501
Heritage Place Metrocenter
Nashville, Tennessee 37243

3. The application will be processed when all of the above information is received in this office. The effective date will be the date it is received. You should receive a certificate within ten (10) to fourteen (14) days.
4. Your initial certification will be for at least one and one-half (1½) years and no more than two and one-half (2½) years. The expiration date will be June 30.

After the initial certification period your certification will expire on June 30 biennially.

5. Within your certification period you must obtain twenty-four (24) hours of continuing education. Any courses you attend **MUST** be prior approved by this office in order to receive continuing education credit. The only exception is if the course has been approved by the National Board of Nursing Home Administrators (NAB). If you receive a brochure announcing a training program that you feel would pertain to one of the areas listed below and it has not been approved by Health Care Facilities, you may fax the information to the licensure processing supervisor at (615) 741-7051 to request approval of the training. The brochure must contain the content of the training and information about the person(s) providing the training to be sure that they are qualified to be trainers.

The following is a list of the areas in which training must be received:

- (1) State rules and regulations for Homes For The Aged/ACLF
- (2) Health care management
- (3) Nutrition and food service
- (4) Financial management
- (5) Healthy lifestyles

To inquire about approved training programs that you may attend call the licensure processing supervisor at (615) 741-7188.

6. Proof of attendance of training programs should be submitted to Health Care Facilities at the address indicated above upon completion.

**FOR OFFICIAL
USE ONLY
64/002**



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**HOME FOR THE AGED AND ACLF ADMINISTRATOR
APPLICATION FOR CERTIFICATION**

APPLICANT

Full Name: _____
Last First Middle

Home Address: _____
Street and Number

City State Zip Code

Telephone: () Date of Birth: SS#: _____

Are you currently an Administrator of a Home For The Aged/ACLF? Yes _____ No _____

If yes:
Name of Facility: _____

Address: _____
Street and Number

County City State Zip Code

Telephone: () How long have you been administrator of this facility? _____

Have you served as the administrator of any other facility? Yes _____ No _____

Name _____ Dates _____

CERTIFICATION FEE: \$180.00

FOR DEPARTMENTAL USE ONLY

Certification No. _____
Fee _____ Receipt No. _____
Date Issued _____

Education of administrator
(Circle appropriate number)

| | | | | | | | | | | | |
|----------------|---|---|---|---|-----------|-----|-------|---|--------|-------|--|
| Grammar School | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | |
| High School | 1 | 2 | 3 | 4 | Graduate? | Yes | _____ | | No | _____ | |
| College | 1 | 2 | 3 | 4 | Graduate? | Yes | _____ | | No | _____ | |
| | | | | | | | | | Year | _____ | |
| | | | | | | | | | Degree | _____ | |

If new applicant, provide verification of education.

Are you currently licensed in Tennessee as a Nursing Home Administrator?

Yes _____ No _____

If yes, NHA license number: _____

How long have you been licensed? _____

Have you ever been convicted of a criminal offense involving the abuse or intentional neglect of an elderly or vulnerable individual? Yes _____ No _____

If yes, explain. _____

| | |
|-------------------------------------|--------------------|
| Where convicted? | Date of conviction |
| City _____ County _____ State _____ | _____ |

Applicants with less than (9) nine continuous months experience prior to January 1, 1990, must submit proof of a high school diploma or general equivalent diploma.

VERIFICATION BY NOTARY PUBLIC

Applicant certifies that he or she is of responsible character and able to comply with the minimum standards and regulations established by Tennessee pertaining to Home For The Aged and Assisted-Care Living Facility and with the rules promulgated under Tennessee Code Annotated, §68-11-201.

| | |
|---------------------------------|---------------|
| _____ (Signed) The Applicant | _____ Date |
|---------------------------------|---------------|

State of Tennessee

County of _____

The above named applicant (Print Name) _____,
being by me duly sworn on his/her oath, deposes and says that he/she has read the forgoing application and knows the content thereof: that the statements concerning the applicant, therein contained, are correct and true to his/her own knowledge.

Subscribed to and sworn to before me this _____ day of _____
Month Year

Notary Public: _____

My commission expires: _____

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